

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, November 17, 2005
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Progress of Texas Fed.
of Families RE: KATRINA

Registrant information:

Please PRINT clearly

NAME:	Karen Robinson / Patti Derr		
ADDRESS:	7701 N. Lamar		
CITY:	Austin	STATE:	TX
ZIP:	78732		
PHONE NUMBER:	(512) 266-7929	REPRESENTING:	TXFFcmH

Signature: _____

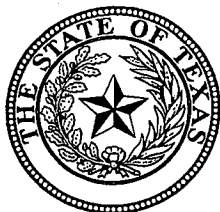
Karen Rob

Date: _____

11/17/05

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Summary of Comments:

Information regarding Federation of Families statewide activities

Registrant information:

Please PRINT clearly

NAME: <i>Patti Derr</i>		
ADDRESS: <i>4500 Steiner Ranch Blvd</i>		
<i>#2208</i>		
CITY: <i>Austin</i>	STATE: <i>Tx</i>	ZIP: <i>78732</i>
PHONE NUMBER: <i>512 944-9972</i> REPRESENTING:		

Signature: _____

Patti Derr

Date: _____

11-17-05

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Summary of Comments:

Speaking about positives of Peer to Peer Support
for those with mental illnesses in our community
STATE

Registrant information:

Please PRINT clearly

NAME: KAREN BROWN		
ADDRESS: 11809 RAIN FOREST COVE		
CITY: AUSTIN	STATE: TX	ZIP: 78759
PHONE NUMBER: (512) 331-6866 REPRESENTING: AMHC & ALTERN DBSA		

Signature: _____

Karen L. Brown

Date: _____

11/17/05

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I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Peer to Peer
Funded Advocacy

Registrant information:

Please PRINT clearly

NAME: KELLEY CHOU		
ADDRESS: 2121 Rodeo Drive		
CITY: Austin STATE: TX ZIP: 78727		
PHONE NUMBER: (512) 238-0969 REPRESENTING: DBSA		

Signature: Kelly Chou

Date: 11-17-2005

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